

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAMAII ETATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

(Type or Print Clearly)						
PART I LOBBYIST						
NAME(Last)	(First)	(Middle)	TELEPHONE			
RADCLIFFE	JOHN	H.	808/531-4551			
MAILING ADDRESS (Street)		FAX				
222 SOUTH VINEYARD STREET,	808/533-4601					
(City)	(State)	(Zip	(Zip Code)			
HONOLULU	н	9681	96813-2453			
EMPLOYING ORGANIZATION (Fill in	tity which has been retained to lobby)	TELEPHONE				
CAPITOL CONSULTANTS OF HA	808/531-4551					
MAILING ADDRESS (Street)	FAX					
222 SOUTH VINEYARD STREET,	808/533-4601					
(City)	(State)	(Zip	(Zip Code)			
HONOLULU	HI	9681	3-2453			

PART II ORGANIZATION	ON			
NAME OF ORGANIZATION YO	TELEPHONE 703-684-1110			
COMMUNITY FINANCIAL SER				
MAILING ADDRESS (Street)	FAX 703-684-7912			
515 KING STREET, SUITE 300				
(City)	(State)	(Zip Code)		
ALEXANDRIA	VA	22314		
NAME OF PERSON RESPONSIBL	TELEPHONE 703-684-1110			
SANDRA KENNEDY				
MAILING ADDRESS (Street)	FAX 703-684-7912			
515 KING STREET, SUITE 300				

(City)	(State)	(Zip Code)	
ALEXANDRIA	VA	22314	

PAR	TIII DESCRIPT	TION OF SU	BJECTS UPON WHI	CH YOL	EXPECT TO LOBBY		
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[]	Agriculture	[]	Education	[]	Human Services	[]	Science, Technology & Economic Development
[]	Communications & Public Utilities	[]	Government Operations & Finance	[]	Intergovernmental Relations, International Affairs	[]	Tourism & Recreation
[]	Consumer Protection & Commerce	[]	Hawaiian Affairs	[X]	Labor & Employment	[]	Transportation
[]	Culture, Arts, Historic Preservation	[]	Health	[]	Planning, Land & Water Use Management	[]	Other: (indicate below)
[]	Ecology, Energy Environmental Protect	[] tion	Housing	[]	Public Safety & Corrections		
PAR	TIV CERTIFIC	ATION OF I	OBBYIST				
	I hereby certify th	at the inforn	nation furnished above	e is, f o ti	he best of my knowledge	e, corre	ct and complete.
	Signature of Loveyist 31 Sangary 2005						
				<i>#</i>	- 11	1	· V
PAR	T V AUTHORIZ	OT NOITA	LOBBY			_	
NAME				TITL	E OF AUTHORIZING OFFIC	ER OR F	PERSON REPRESENTED
PAUL	HALLMAN			PR	ESIDENT MULTISTATE ASS	SOCIATE	, INC.
NAME	OF ORGANIZATION	(if applicable)				ELEPHO	ONE 703-684-1110
COM	COMMUNITY FINANCIAL SERVICES ASSOCIATION C/O MULTISTATE, INC.						
MAILI	NG ADDRESS (Stree	et)			F	AX 703-	-684-7912
515 K	ING STREET, SUITE	300					
	(City)		(State)		(Zip Co	de)	
ALEXANDRIA VA			22314				
I hereby authorize the above, named person to engage in lobbying activities on behalf of the undersigned.							
1/20/05							
		(Signature of A	uthorizing Officer or Perso	on Repres	ented)		(Date)